CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

5&

1			
The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST Robert	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received CAMERON COUNTY
e e	Rodriguez		DEPARTMENT OF ELECTION VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 1404A Palo Blanco Drive Laguna Vista, TX 78578	CITY; STATE; ZIP CODE	JAN 1 4 2016
Change of Address		/ a	RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 371-5921	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	Jacquelyn NICKNAME LAST	H. SUFFIX	Date Processed
,	Dempsey		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 1604 Knobhill Dr.	UITE#, CITY; STATE; Brownsville	ZIP CODE , TX 78520
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 466-6627	EXTENSION	
9 REPORT TYPE	X January 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 2015	Month THROUGH	Day Year 31 / 2015
11 ELECTION	Month Day Year X Primary 03 01 2016 General	Runoff Cher Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Cameron County	Sheriff

ns provided by Texas Ethics Commission

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GO TO PAGE 2

Revised 9/8/2015

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GEWEGE

No. 7

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	7.	1	14 Filer ID	
Rodriguez, Ro	bert			•
15 NOTICE	This box is for notice of r	political contributions accepted or political expenditure	es made by political com	mittees to support the
FROM	candidate / officeholder	These expenditures may have been made without th	e candidate's or officebe	older's knowledge or
POLITICAL	consent Candidates and	d officeholders are required to report this information	only if they receive notice	o of such expanditures
COMMITTEE(S)	Consent. Candidates and	of officeriolders are required to report this information	only if they receive notice	e or such expenditures.
COMMITTEE(3)				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
. 🗀	l			
	GENERAL			
		COMMITTEE ADDRESS		
	1			
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		,		
	1	27		
	1	COMMITTEE CAMPAIGN TREASURER ADDRESS		
		COMMITTEE CAMPAIGN TREASURER ADDRESS)	
	j			
16 CONTRIBUTION	1. TOTAL POLITICA	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH	IAN PLEDGES	
TOTALS		ARANTEES OF LOANS), UNLESS ITEMIZED		\$ 525.00
	257.11.01.01.007			
	2. TOTAL POLITIC	AL CONTRIBUTIONS		
3	(OTHER THAN F	PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 8,825.00
EXPENDITURE	TOTAL POLITICATION	AL EXPENDITURES OF \$100 OR LESS, UNLESS 17	TEMIZED	Φ 677.05
TOTALS	I			\$ 677.35
	4. TOTAL POLITIC	AL EXPENDITURES	1	\$ 12,407.39
	1	ľ.	1	\$ 12,407.39
CONTRIBUTION	5. TOTAL POLITICA	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS		
CONTRIBUTION		AL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY OF THE	\$ 8,825.00
BALANCE	REPORTING PE	RIOD	1	0,020,00
OUTSTANDING	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING LOANS AS O	ETHELAST DAY	
LOAN TOTALS	OF THE REPOR		I THE EAST DAT	\$ 3,125.00
20/11/10//120	OF THE REPORT	TINGTERIOR		
17 AFEADAVIT				
17 AFFADAVIT				
		*		
		I swear, or affirm, under penalty of	of perjury, that the accom	npanying report is
		true and correct and includes all i	nformation required to be	e reported by me
		under Title 15, Election Code.		
			/	
		Valet Karl	14	
		71000		
		Signature of C	andidate or officeholder	
		Ã.	O	
AFFIX NOT	ARY STAMP / SEAL ABO	OVE	_	
		71101	123	th
Sworn to and subsci	ribed before me, by the sa	id hohert Lody, we?	this the	day
of Language	₩ .20 \ to ce	rtify which, witness my hand and seal of office.		
- all liver	- 125 13 10 CE	many winders my nand and seal of office.		
\sim		· · · · · · · · · · · · · · · · · · ·	ANYPUS BAADTILL	I CANAGOUG
		1/3		L. CAMACHO
y Lil TV	1 (> = (") : 1 14	Notary Publ	lic, State of Texas
Catho	1 600	110	My Comm	nission Expires
Signature of office	er administering	Printed name of officer administering	ALC:	DAI/1636#18536#1803
-	, -		**********	*********
		1		
71 11 -	F.(!			4.2

FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 3 of 19 18 FILER NAME 19 Filer ID Rodriguez, Robert 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE \mathbf{x} SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 8,825.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS 3. \$ 4. |X|SCHEDULE E: LOANS \$ 3,125.00 X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5. \$ 12,407.39 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONET	ARY POLITICAL CONT	RIBUTIONS		SCHEDU	JLE A1
The Instru	ction Guide explains how to con	plete this form.	1	L Total pages Schedule A1: Sch: 1/6 Rpt: 4/19	
2 FILER NAME			3	B Filer ID	
Rodriguez	, Robert				
4 Date 08/21/2015	Ahadi, Abolhassan and Donna	state PAC (ID#:	7	Amount of Contribution (\$)	\$200.00
	6 Contributor address; City; State; Zip C 905 N Shore Dr CL-15	ode			
0 District	Port Isabel, TX 78578				
retired	pation / Job title (See Instructions)	9 Employe	r (See Instructions)		
Date	bond .	state PAC (ID#:		Amount of Contribution (\$)	_
10/14/2015				•	\$1,000.00
	Contributor address; City; State; Zip C PO Box 2460	ode			
	South Padre Island, TX 78597				
Principal occu	pation / Job title (See Instructions)	Employer	r (See Instructions)		
Date	Full name of contributor out-of-	state PAC (ID#:	T	Amount of Contribution (\$)	
08/21/2015	——————————————————————————————————————			('/	\$250.00
	Contributor address; City; State; Zip Co	ode			
	4705 Buddy Owens Blvd.				
	McAllen, TX 78504				
Principal occu	pation / Job title (See Instructions)	Employer	(See Instructions)		
Date	Full name of contributor ut-of-	state PAC (ID#:		Amount of Contribution (\$)	
08/21/2015	Dean, Pamela				\$100.00
	Contributor address; City; State; Zip Co				
	28818 Ted Hunt Rd.				
	Los Fresnos, TX 78566				
Principal occu	pation / Job title (See Instructions)	Employer	(See Instructions)		
Escrow office	er	Edwards	Abstract		
Date	Full name of contributor ut-of-	tate PAC (ID#:		Amount of Contribution (\$)	
08/28/2015	Dempsey, David and Jacqui				\$1,000.00
	Contributor address; City; State; Zip Co	de			
	1604 Knobhill Drive				
	BROWNSVILLE, TX 78520				
Principal occup	pation / Job title (See Instructions)	Employer	(See Instructions)	<u> </u>	
Title Insuranc	ce	Rio Grar	nde Valley Abstrac	et Co., Inc.	
	pation / Job title (See Instructions)		•	et Co., Inc.	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/6 Rpt: 5/19 2 FILER NAME 3 Filer ID Rodriguez, Robert 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/01/2015 Edge, John \$250.00 6 Contributor address; City; State; Zip Code 219 Resaca Bend Rancho Vijeo, TX 78575 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) self employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/21/2015 Elizondo, Edward \$100.00 Contributor address; City; State; Zip Code 308 E Houston Port Isabel, TX 78578 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 08/21/2015 Elizondo, Eluid \$100.00 Contributor address; City; State; Zip Code 24 Langan Brownsville, TX 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/16/2015 Evans, Donald and Joann \$100.00 Contributor address; City; State; Zip Code PO Box 40171 South Padre Island, TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/07/2015 Giles, Troy \$100.00 Contributor address; City; State; Zip Code 5813 Padre Blvd South Padre Island, TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real Estate Troy Giles Realty & Management

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/6 Rpt: 6/19 2 FILER NAME Filer ID Rodriguez, Robert Date 5 Full name of contributor out-of-state PAC (ID#; 7 Amount of Contribution (\$) 08/21/2015 Hartzog, GL \$100.00 6 Contributor address; City; State; Zip Code PO Box 249 Rio Hondo, TX 78583 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/13/2015 Hughes, Jody or Michael \$100.00 Contributor address; City; State; Zip Code PO Box 40141 South Padre Island, TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/21/2015 JLW Home Health \$100.00 Contributor address; City; State; Zip Code 21271 Vista Drive Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/21/2015 Lee, Sherman \$200.00 Contributor address; City; State; Zip Code 6 Whooping Crane Laguna Vista, TX 78578 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real Estate Sherman Lee, Inc. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/21/2015 Mallquist, Kent \$100.00 Contributor address; City; State; Zip Code 9 Country Club Laguna Vista, TX 78578 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.0.34046

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/6 Rpt: 7/19 2 FILER NAME Filer ID Rodriguez, Robert 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/21/2015 Padre Elite Team \$200.00 6 Contributor address; City; State; Zip Code 3401 Padre Blvd., Ste.A South Padre Island, TX 78597 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/21/2015 Perez. Albert and Linda \$500.00 Contributor address; City; State; Zip Code PO Box 8550 Brownsville, TX 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Briskey Perez Insurance Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 10/13/2015 Pinkerton, Robert or Maria \$200.00 Contributor address; City; State; Zip Code PO Box 2392 South Padre Island, TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real estate Island Service Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/16/2015 Ridolfi, Rick and Gloria \$100.00 Contributor address; City; State; Zip Code 17 Ocelot Trail Laguna Vista, TX 78578 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/21/2015 Rio Hondo Lumber \$250.00 Contributor address; City; State; Zip Code PO Box 630 Rio Hondo, TX 78583 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.0.34046

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/6 Rpt: 8/19 Filer ID 2 FILER NAME Rodriguez, Robert 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$100.00 10/13/2015 Rivera, Margaret 6 Contributor address; City; State; Zip Code 2121 Tannehill Houston, TX 77008 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) \$100.00 08/21/2015 Sanchez, Michele Contributor address; City; State; Zip Code 2013 Palm Blvd. Brownsville, TX 78520 Employer (See Instructions) Principal occupation / Job title (See Instructions) Attorney Law office of Michele Sanchez, PC Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date \$750.00 08/21/2015 Serafy, Lauran Contributor address; City; State; Zip Code 1521 Los Sabales Dr Brownsville, TX 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ \$200.00 10/13/2015 Shanks, Jason or Amy Contributor address; City; State; Zip Code PO box 3079 South Padre Island, TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/21/2015 \$1,000.00 Tolin, Bettina Contributor address; City; State; Zip Code 9 Whooping Crane Laguna Vista, TX 78578 Principal occupation / Job title (See Instructions) Employer (See Instructions) Marcello's Restaurant Chef

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/19 2 FILER NAME 3 Filer ID Rodriguez, Robert 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/10/2015 Treharne, Gardner \$100.00 6 Contributor address; City; State; Zip Code PO Box 2354 South Padre Island, TX 78597 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 08/21/2015 Williams, Aldon and Joanne (Dr.) \$1,000.00 Contributor address; City; State; Zip Code 1300 Gulf Blvd., Unit 1801 South Padre Island, TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Dr. Aldon Williams MD

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LOANS					SCHEDULE E
The Instruction	on Guide explains how to o	complete this t	form.	1	ges Schedule E: 1 Rpt: 10/19
2 FILER NAME				3 Filer ID	
Rodriguez	, Robert	-			
4 TOTAL OF UN	NITEMIZED LOANS				\$
5 Date of loan 12/31/2015	7 Name of lender Rodgriguez, Robert	out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$2,125.00
6 Is lender a financial institution?	8 Lender address; City; 1404-A Palo Blanco Dr.	State;	Zip Code		10 Interest Rate 11 Maturity Date
110	Laguna Vista, TX 78578				12/31/2016
12 Principal occupation	on / Job title (See Instructions)	a tia	13 Employer (See Instructions	s)	
14 Description of Col	lateral		15 Check if personal funds we	ere deposited	into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City;	State;	Zip Code		
20 Principal occupation	on .	1	21 Employer (See Instructions	;)	
Date of loan	Name of lender	out-of-state PA	C (ID#:		Loan Amount (\$)
11/10/2015	Rodriguez, Robert				\$1,000.00
Is lender a financial institution?	Lender address; City; 1404-A Palo Blanco Dr.	State;	Zip Code		Interest Rate
No	Laguna Vista, TX 78578				Maturity Date 11/10/2016
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions	3)	
Description of Coll	lateral		Check if personal funds we	re deposited	into political account (See Instructions)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
X not applicable	Guarantor address; City;	State;	Zip Code		
Principal occupation	n		Employer (See Instructions)	
Forms provided by	Texas Ethics Commission	www.ethic	s.state.tx.us		Version V1.0.34046

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		_
	Sch: 1/9 Rpt: 11/19	Rodriguez, Robert	
ļ_	Date	5 Payee name	
Γ	10/26/2015	AT&T	
L			
6	Amount (\$) \$105.21	7 Payee address; City; State; Zip Code 4305 North Expressway Brownsville, TX 78520	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EVERABLE UPE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Telephone	
L			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
Г	Date	Payee name	_
	11/25/2015	AT&T	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$72.54	4305 North Expressway	
		Brownsville, TX 78520	
L			
ĺ	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ĺ	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
İ		Telephone	
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
İ	expenditure to benefit C/OI		
-	Doto		=
	Date 10/13/2015	Payee name Alex Avalos Printing Company	
L		Alex Avalos Printing Company	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	PO Box 2867	
		South Padre Island, TX 78597	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Printing Expense	
		Check if Austin, TX, officeholder living expense	
		Pushcards	
<u> </u>	Consulate Chilly'' "	Condidate Office ledden name	_
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
<u> </u>	•		
L			

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SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services	Polling Expe Printing Exp		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	•		The Instruction Guide explain	s how to com	plete this form.	
1	Total pages Schedule F1:					3 Filer ID
	Sch: 2/9 Rpt: 12/19	Kodri	guez, Robert			
4	Date	5 Payee na	me			
	11/06/2015	Jett Med	ia			
6	Amount (\$)	7 Payee ad	dress; City; Star	te; Zip Cod	e	
	\$300.00	2241 Da	llas Ave.			
		Suite B				
		McAllen,	TX 78501			
8	PURPOSE	(a) Category	(See Categories listed at the top of this s	schedule) (b) Description	
	OF EXPENDITURE	Advertis	ng Expense		=	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
					Signs	,,seriotes ming expense
			!		-	
	Complete ONLY if direct		Officeholder name	Office soug	ht	Office held
	expenditure to benefit C/Ol	4				
	Date	Payee na	me			
	11/13/2015	Jett Med	ia			
	Amount (\$)	Payee ad	dress; City; Star	te; Zip Cod	е	
	\$484.81	2241 Da	llas Ave.			
		Suite B				
		McAllen	TX 78501			
	PURPOSE	(a) Category	(See Categories listed at the top of this s	schedule) (b) Description	
	OF EXPENDITURE	1	ng Expense			outside of Texas. Complete Schedule T.
					Check if Austir	n, TX, officeholder living expense
					Olgris	
	Complete ONLY if direct	Candidate/	Officeholder name	Office soug	ht	Office held
	expenditure to benefit C/O					
	Date	Payee na	me			
	12/02/2015	Jett Med				
	Amount (\$)	Payee ad	dress; City; Stat	te; Zip Cod	e	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	\$300.00	2241 Da		•		
		Suite B				
	ļ	McAllen	TX 78501			
	PURPOSE	(a) Category	(See Categories listed at the top of this s	schedule) (b) Description	
	OF EXPENDITURE		Expense		Check if travel	outside of Texas. Complete Schedule T.
	m/d Eldell Oll				——·	a, TX, officeholder living expense
					Signs	
	Complete ONLY if direct	Candidate/	Officeholder name	Office soug	ht	Office held
	expenditure to benefit C/O			5		·
			A.			
			·			Version V/1 0 240



SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee **Event Expense**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Rodriguez, Robert Sch: 3/9 Rpt: 13/19 Date Payee name 08/20/2015 MJ Screen Printing 6 Amount (\$) Payee address; City; State; Zip Code \$195.00 250 S Williams Rd San Benito, TX 78586 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Screen printing - shirts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/24/2015 MJ Screen Printing Amount (\$) Payee address; City; State; Zip Code \$210.00 250 S Williams Rd San Benito, TX 78586 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Bumper stickers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/04/2015 Port Isabel Press Amount (\$) Payee address; City; State; Zip Code \$220.00 101 Maxan Street Port Isabel, TX 78578 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Newspaper ad

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Gift/Awards/Memoria Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraisin Transportation Equipn Travel in District Travel Out of District OTHER (enter a categ	nent & Related Expense		
1	Total pages Schedule F1:	2							3	Filer ID	
	Sch: 4/9 Rpt: 14/19			ez, Rober	t						
4	Date	5	Payee name								
	08/27/2015		RGV Media	Group							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$1,500.00		700 E. Leve	e St.							
			Brownsville,	TX 78520							
8	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Consulting E	Expense				<u></u>		de of Texas. Complete S	
								Consultant	, TX,	officeholder living expe	nse
								Consultant			
_	Complete ONLY if direct	L_	Condidate IOE	ceholder name		#ina				Office held	
ŋ	expenditure to benefit C/O		Jandiuate/Onic	cerioidei fiame		ffice sou	igni			Office field	
	Date		Payee name								
	10/19/2015		RGV Media	Group							
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	ode				
Ì	\$1,000.00		700 E. Leve	e St.							
			Brownsville,	TX 78520							
	PURPOSE	(a)	Category (Se	e Categories listed a	the top of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Consulting E					<u></u>		de of Texas. Complete S	
	270 20000					•		 -	TX,	officeholder living exper	nse
								Consultant			
_				h			<u> </u>				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Jandidate/Offic	eholder name	O	ffice sou	ignt			Office held	
<u> </u>											
	Date .		Payee name								
	11/24/2015		RGV Media	•				<u> </u>			
	Amount (\$)		Payee addres	•	State;	Zip Co	de				
	\$750.00		700 E. Leve	e St.							
			Brownsville,	TX 78520							
	PURPOSE	(a)	Category (Se	e Categories listed a	the top of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Consulting E			•				ie of Texas. Complete S	
									TX,	officeholder living exper	nse
								Consultant			
	Complete ONI V if direct		andidate (Offi	obolder =====		ffice ===	- k+			Office heald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	enouer name	O	ffice sou	ynt			Office held	•
			•								
L		., .									Varaian V1 0 34046

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made Bj Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Glit/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	pens xpens Vages	se s/Contract Labor		Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)	se
L			The Instruction Guide ex	plains how to co	mple	ete this form.	,		
1	Total pages Schedule F1: Sch: 5/9 Rpt: 15/19		E ez, Robert				3	Filer ID	
4	Date 07/13/2015	5 Payee name RGV Media							
6	Amount (\$) \$118.76	7 Payee addre 700 E. Leve Brownsville	•	State; Zip Co	de				
8	PURPOSE OF EXPENDITURE	(a) Category (s Printing Ex	ee Categories listed at the top of DENSE	this schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ght			Office held	
	Date 09/08/2015	Payee name RGV Media							
	Amount (\$) \$2,137.94	Payee addre 700 E. Leve	-	State; Zip Co	de				
		Brownsville							
	PURPOSE OF EXPENDITURE	(a) Category _{(S} Advertising	ee Categories listed at the top of Expense	this schedule)	(b)	<u></u>		de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office held	
	Date 10/13/2015	Payee name RGV Media							
	Amount (\$) \$128.61	Payee addre 700 E. Leve Brownsville	ee St.	State; Zip Co	de				
	PURPOSE OF EXPENDITURE	(a) Category (s Printing Exp	ee Categories listed at the top of DENSE	this schedule)	(b)	 -		de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		ceholder name	Office sou	ght			Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B: Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 6/9 Rpt: 16/19	2 FILER NAME Rodriguez, Robert
4 Date	5 Payee name
08/17/2015	RGV Media Group
6 Amount (\$) \$177.02	7 Payee address; City; State; Zip Code 700 E. Levee St.
	Brownsville, TX 78520
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 10/13/2015	Payee name Rancho Viejo Country Club
Amount (\$) \$1,179.73	Payee address; City; State; Zip Code 1 Rancho Viejo Drive
	Rancho Viejo, TX 78575
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Announcement party
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
08/31/2015	Rancho Viejo Resort and Country Club
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1 Rancho Viejo Dr.
	Rancho Viejo, TX 78575
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Announcement
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	/ - d Committee	EXPENDITURE C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Loan Re Office O Polling E Printing Salaries	payme verhea Expens Expens Wages	ent/Reimbursement d/Rental Expense e e se se/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 7/9 Rpt: 17/19	2 FILER NAM Rodrigue	E ez, Robert				3	Filer ID
4	Date 12/10/2015	5 Payee name Republicar					!	
6	Amount (\$) \$1,250.00	7 Payee addre c/o Morgar 134 Calle I Bayview, T	Graham Hermosa	State; Zip C	ode			
8	PURPOSE OF EXPENDITURE	(a) Category (s Fees	see Categories listed at the top	o of this schedule)	(b)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense ce on the general primary ballot
9	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office so	ught			Office held
	Date 11/12/2015	Payee name Rodriguez,						
	Amount (\$) \$500.00	Payee addre 14 Iturbide Brownsville	•	State; Zip C	ode			
	PURPOSE OF EXPENDITURE	(a) Category (s Advertising	ee Categories listed at the top Expense	o of this schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		iceholder name	Office so	ught			Office held
	Date 10/11/2015	Payee name Third Coas						
	Amount (\$) \$317.09	Payee addre 301 W. Edç	•	State; Zip C	ode			
			od, TX 77546					
	PURPOSE OF EXPENDITURE	(a) Category (s Printing Ex	ee Categories listed at the top DENSE	of this schedule)	(b)		TX,	de of Texas, Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Office sou	Jght			Office held

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Glft/Awards/Memorials Expense Printing Expense			ad/Rental Expense se nse es/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:				[:	3 Filer ID				
	Sch: 8/9 Rpt: 18/19	Rodrig	uez, Robert							
4	Date	5 Payee nam	e .							
	10/01/2015	Valley Mo								
6	Amount (\$)	7 Payee addi		State; Zip Code		.1	_			
ľ	\$147.00	1	ommerce St.	J. 2. p 0000						
	4411100									
	Harlingen, TX 78550									
L				·.						
8	PURPOSE OF		See Categories listed at the top of t	his schedule) (b)	Description					
	EXPENDITURE	Advertisin	g Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
					Newspaper ad	· ·				
			3		rrewspaper ad					
Ļ	Commission ONII V if disease	0	6° - 1 - 1 d	0/5		0.00				
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sought		Office held				
Г	Date	Payee nam	e				=			
	07/27/2015	Walmart								
\vdash	Amount (\$)	Payee addr	ess; City;	State; Zip Code						
	\$19.44	1 -	e Highway 100	Julio, 12.p 0000						
	420.77		or ngmay 200							
	Port Isabel, TX 78578									
	PURPOSE	(a) Category	See Categories listed at the top of t	nis schedule) (b)	Description					
	OF EXPENDITURE	Supplies				tside of Texas. Complete Schedule T.				
	1/1 1/10/10/12					X, officeholder living expense				
					Supplies					
L										
	Complete ONLY if direct expenditure to benefit C/Ol		fficeholder name	Office sought		Office held				
F	Date	Payee nam	e '				=			
	08/04/2015	Walmart								
H	Amount (\$)	Payee addr	ess; City; S	State; Zip Code			_			
	\$89.78		Highway 100							
	*****	_ ,	· · · · · · · · · · · · · · · · · · ·							
		Dowllooks	I TV 70570							
L			I, TX 78578							
	PURPOSE OF		See Categories listed at the top of ti	nis schedule) (b)	Description					
	EXPENDITURE	Supplies				tside of Texas. Complete Schedule T. X, officeholder living expense				
			1]	Supplies	A, oncerous living expense				
					, oabbiio					
-	Complete ONLY if direct	Candidate/O	ficeholder name	Office sought		Office held				
	expenditure to benefit C/OI			Omoc Bought		Office field				
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/ Gift/A Legal	t Expense /Beverage Expense wards/Memorials Expens I Services Instruction Guide ex	Offic Polli se Prin Sala	ce Overhea ing Expens ting Expen aries/Wage	se s/Contract Labor		Sollicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	4						3	Filer ID
	Sch: 9/9 Rpt: 19/19	Rodr	iguez,	Robert					
4	Date	5 Payee	a name		-				
	08/17/2015	Walm	nart						
6	Amount (\$) \$21.28	1401	e address; State High Isabel, TX 7	·	State; Zip	Code			
8	DUDDOCE					10-2	- • •		
٥	PURPOSE OF EXPENDITURE	(a) Categ Supp		egories listed at the top of	f this schedule)	(0)			de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate/Officehol	ider name	Office	sought			Office held
	Date	Payee	e name						
	08/19/2015	Walm	ıart						
	Amount (\$)	Payee	e address;	City;	State; Zip	Code			
	\$10.08	1401	State High	way 100					
		Port I	Isabel, TX 7	78578					
	PURPOSE OF EXPENDITURE	(a) Categ		egories listed at the top of	f this schedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate/Officehol	der name	Office	sought			Office held
	Date	Payee	name						
	10/09/2015	Walm	ıart						
	Amount (\$) \$45.75		address; State High	City; Iway 100	State; Zip	Code			
		Port I	sabel, TX 7	78578					
	PURPOSE OF EXPENDITURE	(a) Catego Suppl		egories listed at the top of	f this schedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		ate/Officehol	der name	Office	sought			Office held